

FILED
Mar 02, 2006 8:00 am
Secretary of State

03-02-2006 90136 038 ****50.00

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000006634
1. Entity Name
JEN-TER LLC

DO NOT WRITE IN THIS SPACE

20012237

2. Principal Place of Business
3971 GULF SHORE BLVD N., #1201
Suite, Apt. #, etc.

3. Mailing Address
1197 SADDLE RIDGE ROAD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
NAPLES, FL
Zip
34103
Country

City & State
MOSCOW, ID
Zip
83843
Country

4. FEI Number
02-0576804
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
JENNIE M. FITTIPALDI
Street Address (P.O. Box Number is Not Acceptable)
3971 GULF SHORE BLVD N., #1201
City
NAPLES FL Zip Code
34103

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FITTIPALDI, JENNIE M 3971 GULF SHORE BLVD N., #1201 NAPLES, FL 34103-2104	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENDER, JENISE M 698 WESTRIDGE RD AKRON, OH 44333	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Jenise Bender
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-20-06 *330-446-6813*
Date Daytime Phone #

CR2E083B (12/02)